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PTO-146

**AMENDMENT TRANSMITTAL LETTER (SMALL)**

Applicant(s): **Roback**

Docket No.

**50508-1030**

Serial No.  
**10/602,981**

Filing Date  
**June 24, 2003**

Examiner  
**Cross, L.I.**

Confirmation No.  
**2039**

Group Art Unit  
**1743**

Invention: **Immunological Assay System and Method**

**Commissioner for Patents**  
P.O. Box 1450  
Alexandria VA 22313-1450

Transmitted herewith is Response to First Office Action (With Amendments) in the above-identified application.

The fee has been calculated and is transmitted as shown below

**CLAIMS AS AMENDED**

	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST # PREV. PAID FOR	NUMBER EXTRA CLAIMS PRESENT	RATE	ADDITIONAL FEE
<b>TOTAL CLAIMS</b>	<b>41 -</b>	<b>46 =</b>	<b>0</b>	<b>X \$25.00</b>	<b>\$0</b>
<b>INDEP. CLAIMS</b>	<b>4 -</b>	<b>4 =</b>	<b>0</b>	<b>X \$100.00</b>	<b>\$0</b>
<b>Multiple Dependent Claims (check if applicable)</b> <input type="checkbox"/>					<b>\$180.00</b>
<b>EXTENSION FEE</b>	<b>1<sup>ST</sup> MONTH</b> <input type="checkbox"/> <b>\$60.00</b>	<b>2<sup>ND</sup> MONTH</b> <input type="checkbox"/> <b>\$225.00</b>	<b>3<sup>RD</sup> MONTH</b> <input type="checkbox"/> <b>\$510.00</b>	<b>4<sup>TH</sup> MONTH</b> <input type="checkbox"/> <b>\$795.00</b>	<b>\$</b>
<b>Other Fees:</b>					<b>\$</b>
<b>TOTAL ADDITIONAL FEE FOR THIS AMENDMENT</b>					<b>\$0</b>

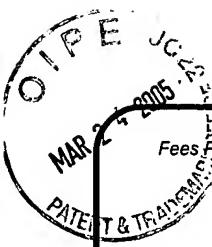
No additional fee is required.  
 Please charge Deposit Account No. \_\_\_\_\_ in the amount of \_\_\_\_\_.  
 A check in the amount of \_\_\_\_\_ to cover the filing fee is enclosed. A duplicate copy of this page is enclosed.  
 A Credit Card Payment Form PTO-2038 is attached in the amount of \$65.00.  
 The Director is hereby authorized to charge any deficiencies of the above fees or credit any overpayment to Deposit Account No. 20-0778.

*Cynthia J. Lee*

**Cynthia J. Lee, Reg. No. 46,033**

*03/21/05*

Date



Effective on 12/08/2004

Fees Pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).

## FEE TRANSMITTAL For FY 2005

### Complete if Known

Application Number	10/602,981
Filing Date	June 24, 2003
First Named Inventor	Roback
Examiner Name	Cross, L.I.
Art Unit	1743
TOTAL AMOUNT OF PAYMENT	(\$65.00)
	Attorney Docket No. 5050-1031

### METHOD OF PAYMENT (check all that apply)

Check  Credit Card  Money Order  None  Other (please identify):

Deposit Account Deposit Account Number: 20-0778 Deposit Account Name: Thomas, Kayden, Horstemeyer Risley, L.L.P.  
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

Charge fee(s) indicated below  Charge fee(s) indicated below, except for the filing fee  
 Charge any additional fee(s) or underpayments of fee(s)  Credit any overpayments

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

### FEE CALCULATION

#### 1. BASIC FILING, SEARCH, AND EXAMINATION FEES

Application Type	Filing Fees		Search Fees		Examination Fees		
	Fee (\$)	Small Entity Fee(\$)	Fee (\$)	Small Entity Fee(\$)	Fee (\$)	Small Entity Fee(\$)	Fees Paid (\$)
Utility	300	150	500	250	200	100	
Design	200	100	100	50	130	65	
Plant	200	100	300	150	160	80	
Reissue	300	150	500	250	600	300	
Provisional	200	100	0	0	0	0	

#### 2. EXCESSIVE CLAIM FEES

##### Fee Description

Fee Description	Fee (\$)	Small Entity Fee(\$)
Each claim over 20 (including Reissues)	50	25
Each independent claim over 3 (including Reissues)	200	100
Multiple dependent claims	360	180
<b>Total Claims</b>	<b>Extra Claims</b>	<b>Fee (\$)</b>
-20 or HP =		<b>Fee Paid (\$)</b>
HP = highest number of total claims paid for, if great than 20		
<b>Indep. Claims</b>	<b>Extra Claims</b>	<b>Fee (\$)</b>
-3 or HP =		<b>Fee Paid (\$)</b>
HP = highest number of total claims paid for, if great than 3		

#### 3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 USC 41(a)(1)(G) and 37 CFR 1.16(s)

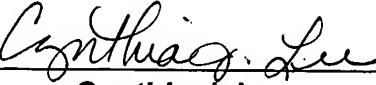
Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee (\$)	Fee Paid (\$)
-100 =	/50=	(round up to a whole number) x	=	

#### 4. OTHER FEE(S)

Non-English Specification, \$130 fee (no small entity discount)	Fee Paid (\$)
Other: Terminal Disclaimer	65.00

#### SUBMITTED BY

Complete (if applicable)

Signature		Registration No.	Telephone Number
		46,033	770-933-9500
Name: (Print/Type)	Cynthia J. Lee		Date: 03/21/05

This collection of information is required by 37 CFR 1.136. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) and application. Confidentiality is governed by 35 USC 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. Send to Commissioner For Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2



### **CERTIFICATE OF MAILING**

I hereby certify that the below listed items are being deposited with the U.S. Postal Service as first class mail in an envelope addressed to:

**Commissioner for Patents  
P.O. Box 1450  
Alexandria, Virginia 22313-1450**

on March 21, 2005.

J. Pononis  
Jennifer Pononis

In Re Application of:

**Roback**

Serial No.: **10/602,981**

Filed: **June 24, 2003**

For: **Immunological Assay System and Method**

Confirmation No.: **2039**

Group Art Unit: **1743**

Examiner: **Cross, L.I.**

Docket No. **50508-1031**

The following is a list of documents enclosed:

Return Postcard  
Amendment Transmittal Page  
Response  
Terminal Disclaimer  
Credit Card Authorization Form in the amount of \$65.00 for  
filing a Terminal Disclaimer  
Fee Transmittal  
Certificate of Mailing

Further, the Commissioner is authorized to charge Deposit Account No. 20-0778 for any additional fees required. The Commissioner is requested to credit any excess fee paid to Deposit Account No. 20-0778.